

Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 17445  
Application ID: 10064895  
Title of Invention: HYDROGEN FUELED ELECTRICAL  
GENERATOR SYSTEM AND  
METHOD THEREOF  
First Named Inventor: David Wolff  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-08-27  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: DSC-02002  
Digital Certificate Holder: cn=Dave S. Christensen, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
Certificate Message Digest: A3eyBWU/xoRPjBMrMp80Fw==  
Total Fees Authorized: \$700.0  
Payment Category: CC - Credit Card  
Credit Card Number: \*\*\*\*\*1008  
Expiration Date: 10012003  
Card Holder Name: Dave S Christensen  
RAM User ID: EFSPROD  
RAM Accounting Date: 2002-08-27  
RAM Sequence Number: 513883  
RAM Payment Status: RAM success  
Postal Code: 06492

## TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent  
FilingAttorney Docket  
Number:DSC-  
02002**HYDROGEN FUELED ELECTRICAL  
GENERATOR SYSTEM AND METHOD  
THEREOF**

First Named Inventor: Mr. David Wolff

## SUBMITTED BY

Name:	Mr. Dave Scot Christensen
Registration Number:	40,955
Electronic Signature Mark: ~dsc	Date Signed: 20020827

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

## Attached Files:

declaration	DeclarationP1.tif
declaration	DeclarationP2.tif
declaration	DeclarationP3.tif

declaration	DeclarationP4.tif
fee-transmittal	02-022fee.xml
bid-transmittal	02-022apds.xml
specification	02002_app.xml

Attached Image File(s):

DeclarationP1.tif  
DeclarationP2.tif  
DeclarationP3.tif  
DeclarationP4.tif

Comments:

PTO/SB/01 (10-

Approved for use through 10/31/2002. OMB 0651-00

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)**Attorney Docket Number** DSC-02002**First Named Inventor** Wolff**COMPLETE IF KNOWN****Application Number****Filing Date**

08/27/2002

**Art Unit****Examiner Name****As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

**HYDROGEN FUELED ELECTRICAL GENERATOR SYSTEM AND METHOD THEREOF**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended I any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attach	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]


PTO/SB/C

Approved for use through 10/31/2002. OMB 0

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

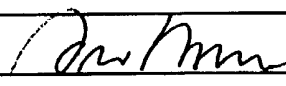
**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label				OR <input type="checkbox"/>		Correspondence address b	
31661 PATENT TRADEMARK OFFICE									
Name									
Address									
City				State			ZIP		
Country				Telephone			Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and data believed to be true; and further that these statements were made with the knowledge that willful false statements and the like made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name David (first and middle [if any])				Family Name Wolff or Surname					
Inventor's Signature				Date					
South Windsor Residence: City				CT State		USA Country		USA Citizenship	
Mailing Address 19 Welles Lane									
South Windsor City				CT State		06074 ZIP		USA Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name John (first and middle [if any])				Family Name Speranza or Surname					
Inventor's Signature				Date					
West Hartford Residence: City				CT State		USA Country		USA Citizenship	
Mailing Address 26 Penn Drive									
West Hartford City				CT State		06119 ZIP		USA Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

(Page 2 of 2)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>2</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> Oscar		<b>Family Name or Surname</b> Chow	
<b>Inventor's Signature</b> 		<b>Date</b> 8/27/02	
<b>Residence: City</b> Simsbury	<b>State</b> CT	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 4 Virginia Lane			
<b>Mailing Address</b>			
<b>City</b> Simsbury	<b>State</b> CT	<b>ZIP</b> 06070	<b>Country</b> USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b>		<b>Family Name or Surname</b>	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b>		<b>Family Name or Surname</b>	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Supplemental Priority Data Sheet

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comment on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**



# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 700**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 1008  
 Expiration Date: 20031001  
 Authorized Name: Dave S Christensen  
 Billing Address: 06492

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 38	203	\$ 9	18	\$ 162
Independent Claims: 7	202	\$ 42	4	\$ 168

Subtotal For Extra Claims Fees: \$ 330